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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/766,670
	Filing Date	27 January 2004
	First Named Inventor	D. Gabriel Frost
	Art Unit	2444
	Examiner Name	CLOUD, JOIYA M
	Attorney Docket Number	n/a
Total Number of Pages in This Submission		7

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks We are revoking the power of attorney granted to Seed Law IP. All correspondence should be directed to the investors at the address indicated on the attached forms.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	n/a	
Signature	 David Miller 2010.10.25 11:01:56 -07'00'	
Printed name	David D. Miller	
Date	25 October 2010	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	 David Miller 2010.10.25 11:02:06 -07'00'		
Typed or printed name	David D. Miller	Date	25 October 2010

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